

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

A.

Full Name (Last, First, Middle Initial)

Mike Ross for Congress

Mailing Address P.O. Box 360

City
PrescottState
ARZip Code
71857-0360Purpose of Disbursement
DIRECT CONTRIBUTIONCandidate Name
MICHAEL AVERY ROSSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: AR District: 04

Transaction ID: 90908.E147

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	0	9

Amount of Each Disbursement this Period

2500.00

DIRECT CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

Mike Thompson for Congress

Mailing Address 236 Massachusetts Ave NE
Suite 603City
WashingtonState
DCZip Code
20002-4980Purpose of Disbursement
DIRECT CONTRIBUTIONCandidate Name
MIKE MR. THOMPSONCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 01

Transaction ID: 91006.E149

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	9

Amount of Each Disbursement this Period

1500.00

DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

4000.00